

Audition Form

(Play)

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Height: _____ Weight: _____ Hair _____ Eyes _____

Theatrical Experience: (If you have a resume and/or photo, please attach) Most recent first:

SHOW	ROLE	THEATRE/DIRECTOR	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all roles you are interested in: _____

Will you accept any roles offered? Yes _____ No _____

The Rehearsal and performance schedule are as follows:

Do you have any conflicts during the scheduled rehearsal period? Yes _____ No _____

If yes, please explain _____

Is there anything else we should know about your schedule?

*****PLEASE DO NOT WRITE BELOW THIS LINE*****